

Date Received:

Received By:



Summer Recreation Program

Greetings Parents/Guardians,

We are excited to welcome your child to our summer recreation program, running July 6, 2026 to August 14, 2026. Our goal is to provide a safe, engaging, and enriching environment where children can learn, play, and build lasting friendships throughout the summer.

This year's program will offer a wide variety of activities designed to keep participants active and inspired. Children will enjoy arts and crafts, interactive on-site presentations, field trips, and refreshing visits to the pool. Each activity is planned to encourage teamwork, creativity, and personal growth while ensuring a memorable summer experience.

For your convenience, the program will be held at the following six locations from 8:30am to 3pm:

Cramer Hill - 1035 Reeves Ave,
Camden, NJ 08105

North Camden - 1000 N 6th St, Camden, NJ
08102

Isabel Miller Center - 8th & Carl Miller
Camden, NJ 08104

Water Tower - Rose & Everett St Camden, NJ
08104

Malandra Hall - 1200 S. Merrimac Rd
Camden, NJ 08104

MLK Center - 1151 Haddon Ave Camden, NJ
08104

We encourage open communication and welcome any questions. Feel free to contact Martin Hunter or Bryan Stewart at 1-856-757-7285.

CITY OF CAMDEN

SUMMER RECREATION PERMISSION FORM

Name of Recreation Site:

Child's First & Last Name		Grade	Birthdate	Age				
1.								
2.								
3.								
4.								
Address:		City: Camden	State: NJ	Zip:				
Parent/Guardian Name:		Parent/Guardian Phone Number:						
Emergency Contact Name:		Phone Number and Email Address:						
Household Size:	1	2	3	4	5	6	7	8
Household Income Is below:	66,850	\$76,400	\$85,950	\$95,500	\$103,150	\$110,800	\$118,450	\$126,150

I/we, the parent/guardian of the above-mentioned child(ren) understand that there is available the service or activity described above can be rendered to my son, daughter, or ward whose name is mentioned above. I/We hereby consent to my/our child participating in the field trips and activities of the City of Camden Recreation Program. I/We further agree and understand that neither the City of Camden, Rutgers Camden University, Greater Philadelphia YMCA, nor any of their officers, agents or employees will be responsible in any manner for any accidents or injuries sustained by my/our child resulting from participation in this Program, and we do hereby release and forever discharge them from any responsibility with respect thereto.

The City of Camden, Rutgers Camden University, Greater Philadelphia YMCA and their agents, reserve the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the City of Camden and may be used for art projects, good behavior recognition, and occasional publicity and promotional purposes. My signature releases the City of Camden and its agents from any and all liability and/or obligation to me and my child(ren) for the use of such document.

Children must be 8 years of age to participate in the Summer Recreation Program and under 13 to participate in the Summer Food Program.

I/We further agree to indemnity and hold harmless the City of Camden, Rutgers-Camden University, Greater Philadelphia YMCA or their officers, agents and employees from any and all claims, suits or proceedings of any nature whatsoever that may be brought, on behalf of, or on account of, my/our child participating in the Recreation program. I/We have read and understand the above statement and I/we further test that the information I/we have provided is true and correct to the best of my/our knowledge.

Parent/Guardian Name (Print)

Parent/Guardian (Signature)

Date

City of Camden

Summer Recreation Emergency Information

Please make contact person aware of this agreement

List the name and contact number of up to 3 people for emergency situations. They will be asked to show Identification.

Name/Address/Phone/Number/Relation

1. _____

2. _____

3. _____

Child(ren) medical information

Please note all allergies to each child:

Please note any dietary restrictions:

Do you have any disabilities, medical conditions, or support needs that we should be aware of in order to ensure you can fully participate in this program:

I, (Print name) _____, give the City of Camden's Recreation Program permission to transport my child to the nearest emergency facility for treatment in case of emergency.

Parents

Signature _____

Date _____